

# Application to set aside a final decision

## Form C

Please use black ink and complete this form in CAPITAL LETTERS.

### A: About the applicant

Please tick the appropriate box.

Is the applicant:

- ☐ a parent or the person with parental responsibility?
- ☐ or, a local authority or a responsible body?

**If the applicant is a parent/parents or person with parental responsibility, please provide details:**

**Parent One (or person with parental responsibility):**

- ☐ Mr    ☐ Mrs    ☐ Miss    ☐ Ms
- ☐ Other \_\_\_\_\_

Surname

First name(s)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Fax number

Email address

If you are not a parent, please state your relationship to the child



**Parent Two:**

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Home address

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Fax number

Email address

If you are not a parent, please state your relationship to the child

**If you have a representative please provide details:**

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Profession/Organisation

Is he/she a legal representative?

☐ Yes ☐ No

Address

Postcode

Daytime phone number

Fax number

Email address

**Who should receive information about the application?** (please tick)

- ☐ Parent one/person with parental responsibility  
☐ Parent two  
☐ Representative

**Important:** We can only send papers and documents to one of the people named on the form. If you do not say we will automatically send them to your representative, if you have one, otherwise to the first named parent/person with parental responsibility.

**If the applicant is a local authority or responsible body please give details:**

Name of authority or responsible body

Name of the person handling the case

Position

Daytime phone number

Address

Postcode

Fax number

Email address

**If you have a legal representative please provide details:**

☐ Mr    ☐ Mrs    ☐ Miss    ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Address

Postcode

Daytime phone number

Fax number

Email address

**Who should receive information about your application?** (please tick)

☐ The person handling the case

☐ Your legal representative

**Important:** We can only send papers and documents to one of the people you have named on the form. If you do not say we will automatically send them to your legal representative if you have one.

## B: About the decision you are making the application about

Appeal or claim number

Name of the child who was the subject of the appeal or claim

Name of the local authority or responsible body who was a party to the appeal or claim

Date of the hearing

Date the decision was sent to you by the Tribunal

**If you are asking the Tribunal to accept this application more than 28 days after the decision was sent to you, what are the reasons for your delay in sending the application?**

- ☐ a document relating to the proceedings was not sent to, or was not received at an appropriate time by, me/us or my/our representative
- ☐ a document relating to the proceedings was not sent to the Tribunal at an appropriate time
- ☐ I/we, or my/our representative, was not present at a hearing related to the proceedings, or
- ☐ there has been some other procedural irregularity in the proceedings

**Please explain what happened and why it is in the interests of justice for the Tribunal to set aside its decision. If you are asking for it to set aside a part of its decision please identify which part of the decision that is.**

If you need more space, continue on a separate sheet of paper but make sure that it is securely attached to your application with the application/claim number clearly marked.

## C: Application for the tribunal to set aside its decision

I apply for the Tribunal to set aside its decision/ a part of the decision\* identified in paragraph B above for the reasons given (\* delete as appropriate).

I authorise my representative to act on my behalf in all proceedings before the First-tier Tribunal (delete if you have no representative or if you are a legal representative filling in this form on behalf of a client).

Signature of applicant(s)

Date  /  /

## Sending us your application

When you have completed this form and signed it, please send it **with a copy of the decision you are asking the Tribunal to set aside and any other relevant documentation** to:

### By post:

HM Courts & Tribunals Service  
Special Educational Needs and Disability Tribunal  
1st Floor, Darlington Magistrates Court  
Parkgate  
Darlington DL1 1RU

**It would be advisable to obtain proof of posting and to keep a copy of your application**

### By fax:

Fax: 0870 739 4017